

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

28

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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21						
22			1			
23				1		
24				2		
25				2		
26				2		
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30				2		
31				2		
32				2		
33				2		
34				2		
35			1			
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43				1		
44				1		
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46						
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			31			
TOTAL CLAIMS			34			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						